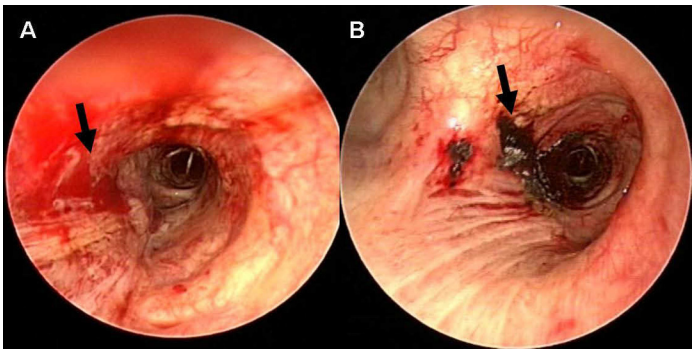

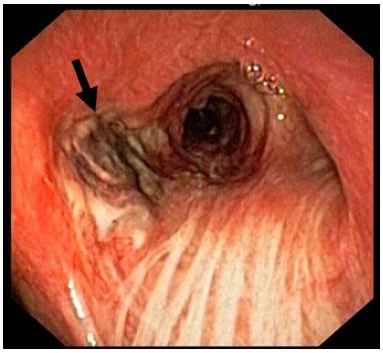

P1-013 Chest Medicine and Intervention Posters, Mon, Sept 3

Secondary carinal Y-stent implantation for best multimodality treatment of advanced lung cancer cases

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We evaluated the effects and results of our endobronchial treatment modalities in 13 patients whose oncologic treatments were stopped because of postobstructive pneumonia and atelectasis due to left secondary carinal tumor.

Three of the patients were females and 10 of them were males. The mean age was 55 years (49-63). The diagnosis was metastatic lung cancer in 2 cases, small cell lung cancer in 1 case and non-small cell lung cancer in 10 cases. In all cases chemotherapeutic agents were stopped due to postobstructive pneumonia and fever; radiotherapy could not be applied because of atelectasis. Endobronchial treatments were performed for tumoral lesion in left secondary carinal region and modified y-stents were implanted. The relief of the postobstructive pneumonia and atelectasis were provided in 12 of the cases. In these cases, radiotherapy and chemotherapy treatments were initiated.

Therapeutic bronchoscopic procedures are used in lung cancer cases routinly, but no y-stent implantation for secondary carinal lesions are reported. We believe that this procedure will provide a chance to treat lung cancer patients.

P1-014 Chest Medicine and Intervention Posters, Mon, Sept 3

Easy endobronchial resection technique with a new device

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Various endobronchial resection methods (Nd-YAG/Nd-YAP laser, Argon plasma coagulation, cryotherapy, etc.) could be performed for endoluminal tumors and lesions. Balloon dilatation and tamponade are widely used with other endobronchial methods for control of bleeding or dilatation. We developed a new resection technique and designed a special balloon for resecting endoluminal tumoral lesions. This device is a balloon catheter covered with a special web-shaped material available in various sizes. We used resector balloon in 44 interventions for resecting endobronchial tumors and also control of bleeding and dilatations were successfully achieved during the procedures. Endobronchial tumor resection becomes a simpler and safer method with the use of this special balloon.

P1-015 Chest Medicine and Intervention Posters, Mon, Sept 3

The utility of MAGE gene detection in bronchial washing fluid in patients with peripheral NSCLC

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Background: The melanoma antigen (MAGE)-encoding genes are known to be expressed in various cancer cells, including non-small cell lung cancer (NSCLC), and silent in all normal tissues except testis. In patients with peripheral NSCLC, bronchial washing fluid could be used to detect MAGE gene, suggesting the diagnosis of lung cancer. In order to evaluate the diagnostic utility of MAGE test in patients with peripheral NSCLC, bronchial washing fluid was investigated in patients with peripheral pulmonary nodule, which was invisible by bronchoscopy.

Methods: Bronchial washing fluid from 52 patients was used for cytologic examination and MAGE gene detection, using RT-nested-PCR of A1-A6 mRNA. Results were compared to final diagnosis of patients confirmed by pathology.

Results: Among the 52 subjects, NSCLC was diagnosed in 35 patients and benign pulmonary diseases in 17. The MAGE mRNA was detected in 16 of 35 (45.7%) NSCLC patients, while conventional cytology examinations revealed positive in 4 of 35 (11.4%). None of the expression of MAGE was observed in 17 benign pulmonary disease patients.

Conclusion: The MAGE test of bronchial washing fluid could be helpful for the diagnosis of peripheral NSCLC with excellent specificity.

P1-016 Chest Medicine and Intervention Posters, Mon, Sept 3

Video-assisted mediastinoscopy and EBUS-TBNA in candidates for lung cancer surgery

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